



Multi-level Factors Influencing Colorectal Cancer Prevention and Detection



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RCD Award

- **Focus:** Improving colorectal cancer (CRC) prevention and detection by closing the gap between guidelines and clinical practice

- **Dates:** 9/4/05 – 9/4/08

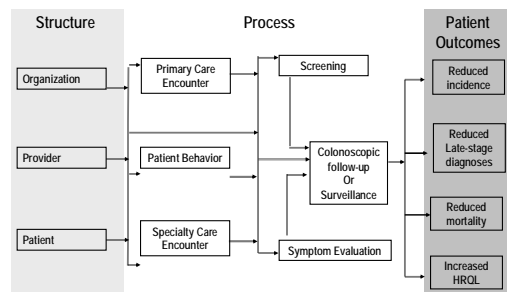
- **Mentors:**

- Dawn Provenzale, MD, MS
- Robert Sandler, MD, MPH
- Morris Weinberger, PhD



CRC Prevention and Detection

- Third most prevalent cancer in the VA
- Second leading cause of cancer death
- Screening reduces CRC death
- Symptomatic patients should undergo diagnostic colonoscopy
- High risk patients should undergo surveillance colonoscopy
- Evidence based guidelines published for screening (average risk) and surveillance (high risk)
- Donabedian model predicts: optimizing processes will maximize outcomes most prevalent cancer in the VA



RCD Award Projects

Project 1: Follow-Up of a Positive FOBT (American College of Gastroenterology Research Award Fisher)

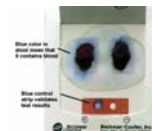
Aim: Examine the rate and determinants of full colon evaluation for positive fecal occult blood test (FOBT)

Design and Subjects: Retrospective review of consecutive primary care patients with a positive FOBT
12 month period with ≥ 18 months of follow-up

Primary Outcome: Full colon exam was performed within 12 months of the positive FOBT (yes, no)

Results:

- 77% of patients referred to GI
- 20% patients no-show/cancellation
- 44% full colon evaluation within 12 months



Project 2: Further Development and Validation of the CRC Screening Assessment Tool (NIH R21CA102379 Fisher & VA IIR 04-042 Partin)

Aim: Validate a questionnaire for self-reported CRC screening

Design and Subjects: Primary care patients aged ≥ 50 years at the Durham or Minneapolis VAMCs

Part 1 -- Cognitive interviews

Part 2 -- Comparison of the questionnaire administered face-to-face (n = 200) or mailed survey (n = 900) to medical record review

Results: Mailed survey 78% response rate

Self-report by questionnaire for Up-to-Date CRC screening status

- Sensitivity 98%
- Specificity 59%
- Positive Predictive Value 86%
- Negative Predictive Value 93%



Project 3: Diagnostic Delay for Symptoms (CanCORS CRS 02-164 Provenzale)

Aim: Examine the incidence, predictors and outcomes of diagnostic delay for CRC

Design & Subjects: Prospective observational study using a consortium of 14 VA centers. Patients aged ≥ 21 years with CRC
This ancillary study to CanCORS will to explore the relationship between time of presentation with symptoms or a positive screening test to diagnosis and patient outcomes

Related Research

COLON DATA (COLONoscopy indication: Development And Testing of an Algorithm) (Colorectal Cancer QUERI Fisher PI 10/06-9/07)

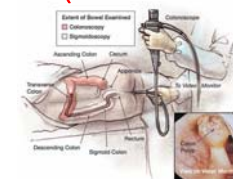
Aims: 1) Develop and validate an accurate algorithm using administrative data to determine screening vs other indications for endoscopy

2) Use algorithm to explore association of screening endoscopy and patient comorbidity

VA Physician Adherence to Colonoscopy Guidelines (will submit to HSR&D as IIR June 2007)

Aims: 1) Determine if VA physicians adhere to guidelines when recommending for repeat colonoscopy

2) Identify factors associated with guideline concordance



Manuscripts During RCD Period

1. **Fisher DA**, Judd L, Sanford NS. Inappropriate colorectal cancer screening: Findings and implications. *Am J Gastroenterol* 2005;100:2526-2530.
2. **Fisher DA**, Jeffreys A, Coffman CJ, Fasanella K. Barriers to Full Colon Evaluation for a Positive Fecal Occult Blood Test. *Cancer Epidemiology Biomarkers and Prevention* 2006; 15:1232-1235.
3. Garman KG, Jeffreys A, Coffman C, **Fisher DA**. Colorectal Cancer Screening, Comorbidity and Follow-up in the Elderly. *Am J Med Sci* 2006;332:159-163.
4. Garret MM, **Fisher DA**. Strategies to improve colorectal cancer screening rates. *J Clin Outcomes Management* 2006;13:512-517.
5. Prosnitz RG, Patwardhan MB, Samsa GP, Mantyh CR, **Fisher DA**, McCrory DC, Cline KE, Gray RN, Morse MA. Quality Measures for the Use of Adjuvant Chemotherapy and Radiation Therapy in Patients with Colorectal Cancer: A Systematic Review. *Cancer* 2006;107:2352-60.
6. Lin S, Konstance R, Jollis J, **Fisher DA**. The utility of upper endoscopy in patients with concomitant upper gastrointestinal bleeding and acute myocardial infarction. *Digestive Dis Sci* 2006;51:2377-2383.
7. **Fisher DA**, Johnson MR, Shaheen NJ. Fecal occult blood testing completion in a VA population: low and strongly related to race. *J Clin Outcomes Management* 2007;14(2):93-101.
8. Patwardhan MB, **Fisher DA**, MD, Mantyh CR, McCrory DC, Morse MA, Prosnitz RG, Cline K, Samsa GP. Assessing the Quality of Colorectal Cancer Care: Do We Have Appropriate Quality Measures? *J Eval Clin Pract* 2007 *in press*.
9. **Fisher DA**, Galanko J, Dudley TK, Shaheen NJ. Impact of Comorbidity on Colorectal Cancer Screening in the Veterans Healthcare System. *Clinical Gastroenterology and Hepatology* 2007 *in press*